



# UNITED STATES MARINE CORPS

U.S. MARINE CORPS FORCES, ATLANTIC

1468 INGRAM STREET

NORFOLK, VIRGINIA 23551-2596

MARFORLANTO 12792.1

G-1/MPR

7 MAY 2003

## U.S. MARINE CORPS FORCES, ATLANTIC ORDER 12792.1

From: Commander

To: Distribution List

Subj: HEALTH AND WELLNESS PROGRAM

Ref: (a) OCPMINST 12792.4

Encl: (1) MARFORLANT Request for Participation in the Health and Wellness Program  
(2) Risk Factor Assessment

1. Situation. To establish a comprehensive Health and Wellness Program (HWP) within Headquarters, U.S. Marine Corps Forces, Atlantic (HQ MARFORLANT). This Order applies to all civil service employees working at Headquarters MARFORLANT.

2. Mission. A healthy workforce is essential to the successful accomplishment of the MARFORLANT mission. This achievement will be better accomplished if we can provide Civilian Marines the opportunity to actively seek and sustain good physical and mental health.

### 3. Execution

a. Per the reference, it is estimated that 50 percent of all deaths and illnesses in the United States relate directly to unhealthy lifestyles, primarily lack of exercise, poor nutritional habits, alcohol abuse, smoking, and stress. Attention to positive lifestyles can in fact reduce the effects of the most common diseases and improve the quality of life of our employees.

b. The HWP is a combination of health education and related organizational, social, economic, and health care interventions designed to improve or protect health. Operationally, health promotion includes physical fitness, tobacco prevention, nutrition education, weight control, drug and alcohol abuse prevention, and stress management.

c. It is the Commander's policy to maximize individual "on the job performance" by implementing a HWP, which will provide each Civilian Marine the opportunity to assess his or her own health and wellness, and participate in a fitness program on a voluntary basis. To accomplish this, MARFORLANT will:

(1) Support and encourage individuals in the management of their own health lifestyles.

(2) Conduct a comprehensive HWP to include at a minimum the following health education classes:

- (a) Tobacco use prevention and cessation.
- (b) Physical fitness and sports.
- (c) Nutrition education and weight/body fat control.
- (d) Stress management and suicide prevention.
- (e) Alcohol and drug abuse prevention and control.
- (f) Hypertension screening, education, and control.
- (g) Back injury control.

d. Assistant Chiefs of Staff (AC/S) and Special Staff Officers will ensure that this Order is distributed and available to all Civilian Marines.

e. All Civilian Marines desiring to participate in the HWP must request authority by submitting enclosure (1) to their immediate supervisor. In addition, each HWP participant must take responsibility to ensure enclosure (2) is completed by a medical physician authorizing participation in a physical exercise program prior to participating in any physical fitness program. The following applies to Civilian Marines injured while participating in the HWP:

(1) All Federal Employees' Compensation Act (FECA) claims filed as a result of participation in physical fitness activity are subject to final adjudication and decision as to coverage and benefit amounts by the Office of Worker's Compensation Programs (OWCP) at the Department of Labor.

(2) An employee who is injured while engaged in an activity which is specifically identified in that employee's HWP is covered for all FECA benefits. Conversely, an employee who is injured while engaged in a physical fitness activity, which is not part of the HWP or is not sponsored or supported by the employing activity, is generally not covered under FECA. An exception to this rule is when the injury occurs on the premises of the employing activity during working hours, or the employer derives some tangible benefit from employee participation in the fitness activity. An employee who has been granted official time to participate in health promotion or physical fitness activities is in a duty status and therefore covered by FECA benefits.

4. Administration and Logistics. Because civil service rules and regulations differ from those of military personnel, the following requirements are provided as a guideline:

a. In addition to routine "All Hands" training session provided for the entire staff annually, e.g. Sexual Harassment Awareness Training, Civilian Marines desiring to initiate an individual fitness program will be authorized time off during the normal work day. Civilian Marines are authorized to use the Naval Support Activity or Camp Allen gyms and facilities.

b. The civilian employee's immediate supervisor is responsible for the administration and promotion of this program.

c. All Civilian Marines desiring to participate in the HWP must request authority by submitting enclosures (1) and (2) via their immediate supervisor to the appropriate AC/S or Special Staff Officer for approval. A copy of the approved request must be forwarded to the G-1, Manpower Office.

d. Excused Absence. The AC/S or Special Staff Officer is authorized to approve no more than three hours per employee, per week, to participate in the HWP. The Chief of Staff shall determine situations wherein civil service members will be excused from duty without being charged for leave. Authority is delegated to AC/S or Special Staff Officers (ONLY) to grant excused absence for participation in HWP activities. Excused absences may be granted for brief periods to permit employees to participate in HWP physical fitness programs or other disease prevention/health improvement activities. The decision whether or not to grant excused absences should be made after careful consideration of the mission requirements, objectives, the costs

associated with granting the absence, the likely impact of the decision on human resource management priorities, the health needs of employees, and other factors considered important. Authorized participation in an HWP during normal work hours is a privilege and can be withdrawn at any time the AC/S or Special Staff Officer deems appropriate.


e. There are two main categories of health/fitness activities for which excused absences may be granted:

(1) Special events such as health screening, health and fitness fairs, and exhibits.

(2) Scheduled health improvement/disease prevention programs and activities such as classes on nutrition, smoking cessation, stress management, and individual exercise programs which involve participation ranging from daily to several times per week or month for a fixed or indefinite period of time.

f. MARFORLANT Civilian Marines having approval from their AC/S or Special Staff Officer to start HWP will be authorized time off utilizing flexible scheduling. AC/S or Special Staff Officers may adjust an individual's work hours to allow a Civilian Marine the opportunity to participate in the HWP at the beginning or end of the individual's workday or in conjunction with the normal lunch period. Time cannot be carried over from one day to another - the "account" must be balanced each day. To ensure compliance with the applicable Federal Employees Compensation Action and Workman's Compensation Program, employees who select to exercise at the beginning or prior to the end of the work day MUST report to work prior to beginning their work-out and prior to departing for home. Employees will be authorized up to, but not to exceed, three hours of work time per week to participate in the HWP. For example, employees could couple the one-half or one hour of authorized lunch period with one hour of approved fitness training time three times per week to participate in HWP.

5. Command and Signal. This Order is effective the date signed.

  
J. M. MCNEAL  
Chief of Staff

Distribution: E/A-2

MARFORLANT  
REQUEST FOR PARTICIPATION IN THE  
HEALTH AND WELLNESS PROGRAM

Employee's Last Name/First Name/Middle Initial:	
Code:	Phone Number:

Ref: (a) MARFORLANTO 12792.1

1. Per the reference, request participation in the MARFORLANT Health and Wellness Program (HWP).

2. I have read the reference and understand:

a. that my participation in the HWP is on a voluntary basis.

b. that I should take responsibility to ensure a medical physician has authorized my participation in a physical exercise program.

c. the Federal Employees' Compensation Act and how it pertains to my participation in HWP.

d. that authorization to participate in HWP during normal working hours is a privilege and can be withdrawn at any time.

e. that I may be granted up to, but not to exceed, three hours of work time per week at the beginning or end of my workday or in conjunction with my normal lunch period to participate in HWP. If I select to participate in the program at the beginning or prior to the end of the work day I must report to work prior to the beginning of workout and prior to departing for home. I also understand that time cannot be carried over from one day to another-the "account" must be balanced each day.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Typed Name:	Signature: _____	Date: _____	Approval <input type="checkbox"/>
			Disapproval <input type="checkbox"/>
AC/S or SSO's Typed Name:	Signature: _____	Date: _____	Approval <input type="checkbox"/>
			Disapproval <input type="checkbox"/>

Enclosure (1)

## RISK FACTOR ASSESSMENT

From:

To:

I understand and agree that I must complete the risk factor screening questionnaire below honestly. Should any risk factor be determined for participation in certain activities, I agree to see the Force Medical Officer for a release to participate in Command sponsored physical fitness programs. Once an exercise program has been established for me, I agree to limit my physical exercise to those limitations.

QUESTIONS	YES	NO
Has a doctor ever said that you have heart trouble, or have you ever had a heart attack?		
Do you have pains or pressure in the chest, neck, shoulders, or arms during or right after you exercise?		
Do you often feel faint; have spells or severe dizziness?		
Do you experience breathlessness after mild exertion?		
Has a doctor said that you have bone or joint problems such as arthritis, which might be aggravated by exercise?		
Do you have a family history of premature coronary artery disease (heart attack or chest pain) prior to age 50?		
Do you have a medical condition not mentioned above that might need special attention in an exercise program (i.e. insulin dependent diabetes)? If yes, please name your condition: _____.		
Have you smoked one or more packages of cigarettes per day for 10 or more years?		
Are you medically diagnosed as obese?		

SIGNATURES REQUIRED ON REVERSE SIDE OF THIS PAGE

ENCLOSURE (2)

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SUPERVISOR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FORCE MEDICAL OFFICER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PERSONAL PHYSICIAN SIGNATURE

\_\_\_\_\_  
DATE

PHYSICIAN'S COMMENTS:

ENCLOSURE (2)